



South Carolina Department of Health & Environmental Control Office of Primary Care

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Please Fax or Mail Completed Form

DENTIST INTAKE FORM

The Office of Primary Care works to assist medically underserved (rural and urban) populations improve their access to primary health care. To allow us to match you with compatible practice opportunities, from our database, *please* return this completed form and a current CV. The information you provide will be treated with confidentiality and will only be released with your request/approval.

First Name _____ Middle Initial _____ Last Name _____ Date Available _____

Home Address _____ City _____ State _____ Zip _____

E-mail _____ Home phone _____ Work phone _____ Cell phone _____ Pager _____

May we call you?

- ☐ Yes If yes, please state best time(s), place and format (e.g. pager) _____
☐ No

Education and Practice History/Information

Degree: _____ Specialty: _____

- ☐ DDS
☐ DMD

Undergraduate School: _____ City/State _____ Graduation Date _____

Dental School: _____ City/State _____ Graduation Date _____

Residency: _____ City/State _____ Completion Date _____

Loans/obligations

State Licensed

- ☐ NHSC, length of time _____
☐ State of SC _____
☐ Dental School Loans _____
☐ Other _____

☐ If yes by which State (s) _____

If currently employed

please state: _____
Name of Employer/Practice _____ City, State, County _____ Employment Dates _____

Practice Considerations

Will you accept Medicaid assignment? ☐ Yes ☐ No ☐ No Preference

Do you want to work with a certain age group? ☐ Yes ☐ No ☐ No Preference If yes, what age(s)? _____

Type of practice desired: (rank each from 1st to 9th based on preference)

____ Multi Specialty Group	____ Solo
____ Single Specialty Group	____ Solo w/ Associate
____ Partnership	____ Community/Migrant Health Center

Minimum salary requirements? _____

What is your geographic preference? (Please add any information about where you want to live, help us place you.)

☐ Coastal ☐ No Preference

☐ Midlands Comments: _____

☐ Upstate

What size community would you prefer? (rank from 1 to 4)

(Remember that our focus is on rural communities) _____ less than 5,000 _____ 25,000 – 50,000 _____ 5,000 – 10,000
_____ 50,000 – 100,000 _____ 10,000 – 25,000 _____ 100,000 – 250,000

Miscellaneous:

Please check one: ☐ US Citizen ☐ Permanent US Visa ☐ Other type of Visa _____

If you are bilingual, please tell us which language(s)? _____

What is your reason for leaving your current position? _____

Personal Data (This information is OPTIONAL but it will help to better match you and your family to a community and a practice)

Birth Date: _____ Marital Status: ☐ Married ☐ Significant Other ☐ Single ☐ Divorced

City/State where raised: _____

Name of spouse/significant other and any special needs/interests: _____

Number of children, their ages and any special needs or interests: _____

Long-term professional goals: _____

Any added information you would like to share to help us to match you and your family to a suitable practice opportunity and community?
